

County: Calumet
WILLOWDALE NURSING & REHABILITATION CENTER
1610 HOOVER STREET

Facility ID: 9460

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NEW HOLSTEIN 53061 Phone: (920) 898-5706
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 50
Total Licensed Bed Capacity (12/31/01): 50
Number of Residents on 12/31/01: 49

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 47

Corporation
Skilled
Yes
Yes
Yes
47

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.8
Supp. Home Care-Personal Care	No					1 - 4 Years		38.8
Supp. Home Care-Household Services	No	Developmental Disabilities	4.1	Under 65	8.2	More Than 4 Years		20.4
Day Services	No	Mental Illness (Org./Psy)	24.5	65 - 74	16.3			-----
Respite Care	Yes	Mental Illness (Other)	6.1	75 - 84	26.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.2	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	8.2		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	8.2	65 & Over	91.8	-----		
Transportation	No	Cerebrovascular	14.3		-----	RNs		11.1
Referral Service	No	Diabetes	8.2	Sex	%	LPNs		7.9
Other Services	No	Respiratory	4.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	22.4	Male	28.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	71.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	1	3.3	131	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Skilled Care	4	100.0	357	27	90.0	112	0	0.0	0	0.0	12	0	0.0	0	0	0.0	0	43	87.8
Intermediate	---	---	---	1	3.3	92	0	0.0	0	0.0	3	0	0.0	0	0	0.0	0	4	8.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	3.3	148	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		30	100.0		0	0.0		15	100.0		0	0.0		0	0.0	49	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	17.9	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	0.0	63.3	36.7	49
Other Nursing Homes	0.0	Dressing	6.1	55.1	38.8	49
Acute Care Hospitals	76.1	Transferring	24.5	40.8	34.7	49
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	20.4	44.9	34.7	49
Rehabilitation Hospitals	0.0	Eating	28.6	69.4	2.0	49
Other Locations	6.0	*****				
Total Number of Admissions	67	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.1	Receiving Respiratory Care		2.0
Private Home/No Home Health	20.7	Occ/Freq. Incontinent of Bladder	51.0	Receiving Tracheostomy Care		2.0
Private Home/With Home Health	12.1	Occ/Freq. Incontinent of Bowel	24.5	Receiving Suctioning		0.0
Other Nursing Homes	6.9			Receiving Ostomy Care		0.0
Acute Care Hospitals	8.6	Mobility		Receiving Tube Feeding		2.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		22.4
Rehabilitation Hospitals	0.0					
Other Locations	10.3	Skin Care		Other Resident Characteristics		
Deaths	41.4	With Pressure Sores	4.1	Have Advance Directives		81.6
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	58			Receiving Psychoactive Drugs		61.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.0	82.7	1.14	85.1	1.11	84.3	1.12	84.6	1.11
Current Residents from In-County	51.0	82.1	0.62	80.0	0.64	82.7	0.62	77.0	0.66
Admissions from In-County, Still Residing	14.9	18.6	0.80	20.9	0.71	21.6	0.69	20.8	0.72
Admissions/Average Daily Census	142.6	178.7	0.80	144.6	0.99	137.9	1.03	128.9	1.11
Discharges/Average Daily Census	123.4	179.9	0.69	144.8	0.85	139.0	0.89	130.0	0.95
Discharges To Private Residence/Average Daily Census	40.4	76.7	0.53	60.4	0.67	55.2	0.73	52.8	0.77
Residents Receiving Skilled Care	89.8	93.6	0.96	90.5	0.99	91.8	0.98	85.3	1.05
Residents Aged 65 and Older	91.8	93.4	0.98	94.7	0.97	92.5	0.99	87.5	1.05
Title 19 (Medicaid) Funded Residents	61.2	63.4	0.97	58.0	1.06	64.3	0.95	68.7	0.89
Private Pay Funded Residents	30.6	23.0	1.33	32.0	0.96	25.6	1.20	22.0	1.39
Developmentally Disabled Residents	4.1	0.7	5.82	0.9	4.46	1.2	3.47	7.6	0.54
Mentally Ill Residents	30.6	30.1	1.02	33.8	0.90	37.4	0.82	33.8	0.91
General Medical Service Residents	22.4	23.3	0.96	18.3	1.23	21.2	1.06	19.4	1.16
Impaired ADL (Mean)	57.1	48.6	1.18	48.1	1.19	49.6	1.15	49.3	1.16
Psychological Problems	61.2	50.3	1.22	51.0	1.20	54.1	1.13	51.9	1.18
Nursing Care Required (Mean)	4.1	6.2	0.66	6.0	0.68	6.5	0.63	7.3	0.56